

CLS INSTRUCTIONS FOR COMPLETING G-325A

(Form may be typed or printed legibly in blank ink)

NOTE: If you get an error message after entering data in a field, just click “OK” and continue.

Department of Homeland Security
U.S. Citizenship and Immigration Services

G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Citizenship/Nationality	File Number A
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Family Name: Enter your current last name.

First Name: Enter your first name.

Middle Name: Enter your middle name. If none, leave blank.

Gender: You may leave this blank (provided on Form I-130).

Date of Birth: You may leave this blank (provided on Form I-130).

Citizenship/Nationality: Enter country of citizenship/nationality.

File Number: Leave blank.

All Other Names Used (include names by previous marriages)	City and Country of Birth	U.S. Social Security # (if any)
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Other Names Used: You may leave this blank (provided on Form I-130).

City and Country of Birth: You may leave this blank (provided on Form I-130).

U.S. Social Security Number: You may leave this blank (provided on Form I-130).

Family Name Father Mother (Maiden Name)	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)	City and Country of Residence
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Family Name: Enter your father’s last name and mother’s maiden last name.

First Name: Enter your father’s first name and mother’s first name.

Date of Birth: Enter your father’s date of birth and mother’s date of birth.

City and Country of Birth: Enter your father’s place of birth and mother’s place of birth.

City and Country of Residence: Enter your father’s residence and mother’s residence.

Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage

Current Spouse Family Name: Enter your current spouse's last name (wife's maiden last name).

Current Spouse's First Name: Enter your spouse's first name.

Current Spouse's Date of Birth: Enter your spouse's date of birth.

City and Country of Birth: Enter your spouse's place of birth.

Date of Marriage: Enter your date of marriage to your current spouse.

Place of Marriage: Enter the location of the marriage to your current spouse.

Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage	Date and Place of Termination of Marriage

Former Spouse(s) Family Name: Enter your former spouse(s) last name(s) (former spouse's maiden last name).

Former Spouse(s) First Name: Enter your former spouse(s) first name(s).

Former Spouse(s) Date(s) of Birth: Enter your former spouse(s) date(s) of birth.

Former Spouse(s) Date(s) of Marriage(s): Enter your date(s) of marriage(s) to your former spouse(s).

Date and Place of Termination of Marriage: Enter the date(s) and location(s) of termination of marriage(s) to your former spouse(s).

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From Month	Year	To Month	Year
							Present Time

Your Last 5 Years of Residence: Enter, starting with your current residence and working backwards, your last 5 years of residence(s).

Applicant's last address outside the United States of more than 1 year.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year

Your Last Address Outside the US: Enter your last address in which you resided outside the US for more than 1 year.

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
				Present Time	

Last occupation abroad if not shown above. (Include all information requested above.)

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Your Employment For The Last 5 Years: Enter all of your employment for the last 5 years. If military, do not list each organization, but only list 1 entry for your total service.

Last Occupation Abroad: If not previously entered, enter your last employment abroad.

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Status as Permanent Resident	<input type="checkbox"/> Other (Specify): 	Signature of Applicant	Date
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Reason for Submission: Check the appropriate block for reason submitting form.

Signature & Date: Sign and date the form.

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

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Name in Native Alphabet: If not in Roman letters, print your name in your native alphabet.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
			A

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Family Name: Print your family name.

Given Name: Print your first name.

Middle Name: Print your middle name.

Alien Registration Number: If you have an Alien Registration Number, enter it.